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ABSTRACT

This booklet contains draft national health care skill standards that were proposed during the National Health Care Skill Standards Project on the basis of input from more than 1,000 representatives of key constituencies of the health care field. The project objectives and structure are summarized in the introduction. Part 1 examines the need for health care skills standards; Part 2 summarizes the research methodology used during the project. Part 3 lists the proposed standards, examines their relationship to the Secretary's Commission on Achieving Necessary Skills competencies, and explains their purpose/scope. The standards are grouped as follows: health care core standards (academic foundation, communication, systems, employability skills, legal responsibilities, ethics, safety practices, interpersonal dynamics); therapeutic/diagnostic core standards (health maintenance practices, client interaction, intrateam communication, monitoring client status, client movement); therapeutic cluster standards (data collection, treatment planning, implementing procedures, client status evaluation); diagnostic cluster standards (planning, preparation, procedure, evaluation, reporting); information services cluster standards (analysis, abstracting and coding, systems procedures, documentation, operations); and environmental services cluster standards (environmental operations, aseptic procedures, resource management, aesthetics). Part 4 lists major activities slated for the next phase of the project, and part 5 lists the members of various committees. (MN)

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National Health Care Skill Standards

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Publication: This booklet has been prepared with guidance and assistance from health care experts from around the country. We thank them for their insight and support. This booklet represents an interim stage in the development of the standards. We welcome feedback from all users. Your input will be reviewed and combined for the final publication of these standards, planned for 1995.

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"Quality doesn't just happen; it is the result of careful planning, high standards, intelligent direction, professional commitment, and skillful implementation. The preparation of a quality workforce has been a guiding focus of the National Health Care Skills Standards Project."

— Nancy Langley Raynor, Chief Consultant
North Carolina Department of Public Instruction, and
Chair of The NHCSSP Policy Advisory Committee

"To improve community health status, it is imperative that health workers have the appropriate knowledge and skills to provide quality health care."

— Barbara Bloom Kreml, Director
Department of Human Resources,
American Hospital Association

Introduction

"From a national perspective, healthy life means a vital, creative, and productive citizenry contributing to thriving communities and a thriving nation."

— *Healthy People 2000*

Over the past ten years, health care has been one of the nation's fastest growing industries. It faces many challenges created by a rapidly changing environment in the decades ahead. These include an increasingly diverse client population, remodeled delivery systems, and new technology. To meet such challenges, health services of tomorrow may look radically different from today. If current trends continue, experts have predicted that most care will be delivered in outpatient centers, perhaps even in community-based networks of facilities. Inpatient care will come to mean "intensive care." And more care will be delivered in the client's home.

The decade of the 1990s has brought increasing awareness that revisions in the way health care is delivered and financed are a national priority. Since 1985, health care reform proposals have been written at the national, state, and organizational levels all across the nation. Six principles have provided the foundation for reform: quality, security, simplicity, responsibility, choice, and savings. The ultimate goal is to deliver quality care for all at a price society can afford.

To achieve this goal, one element of health care reform stands out as fundamental and essential: the education and training of the nation's ***over 10 million health care workers.*** The level of knowledge and skill of the current and future workforce is critical if quality health care is to be secure, simple, responsibly delivered, and characterized by consumer choice and savings.

In recognition of the need for a highly skilled health care workforce, the U.S. Department of Education has funded the National Health Care Skill Standards Project (NHCSSP), a collaborative endeavor among health services, labor, and the education community to better prepare tomorrow's health care worker by developing skill standards today. The NHCSSP is directed by Far West Laboratory for Educational Research and Development (FWL), in collaboration with the National Consortium of Health Science and Technology Education (NCHSTE), the Service Employees International Union (SEIU), and over one hundred health care organizations.

The NHCSSP has involved representatives from key constituencies in a comprehensive process of research, review, and revision to ensure that the resulting standards meet the needs of the industry. Over 1,000 individuals have participated in the process. The standards make explicit the knowledge and skills health care workers need in order to provide quality health care. This booklet contains the standards in draft form. During the upcoming year, the stan-

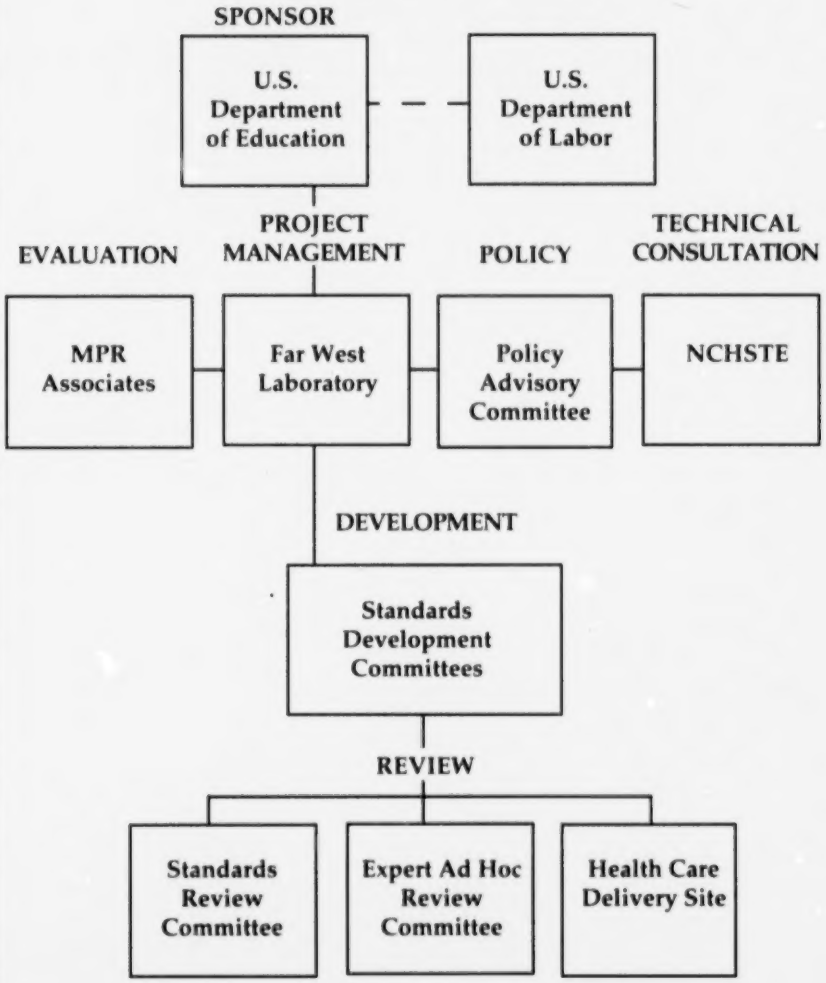
dards will continue to be revised and validated. Additionally, prototype assessment tasks will be developed linked to these standards. The standards should serve as a model for business, workers, and education, and are compatible with major federal initiatives such as Goals 2000: Educate America Act, the School-to-Work Opportunities Act, and the Carl D. Perkins Vocational Education Act.

How Does the NHCSSP Work?

The National Health Care Skill Standards Project (NHCSSP) is one of 22 projects funded by the U.S. Departments of Education and Labor to develop national skill standards for various industries. It is a collaborative effort, involving diverse stakeholders in the health care field. The organizational plan for the project has been structured to ensure that the full range of constituencies are represented and heard. Several groups and committees have been working to develop, review, validate, and disseminate the health care skill standards.

Figure 1 illustrates how the project is organized. As shown, Far West Laboratory (FWL) has responsibility for project management and

Figure 1
How Does the NHCSSP Work?



implementation of project activities. Working closely with FWL is the Policy Advisory Committee (PAC), which is charged with establishing project policy and providing input on project work. The PAC consists of major policymakers from across the nation who are responsible for the training and employment of health care workers. The NCHSTE, a national group of health care educators and business and association representatives, provides technical support and resources. Overall evaluation of project activities is being conducted externally by MPR Associates.

Several groups and committees are involved with drafting and reviewing the standards. Draft standards are generated by the Standards Development Committees. Three separate entities are formally charged with reviewing these draft standards: the Standards Review Committee, the Expert Ad Hoc Review Committee, and Health Care Delivery Site Focus Groups.

This project structure has been designed to ensure coordination of project work and allow for input from a variety of sources. Both within and across project committees and groups, there is representation of the health services industry, labor, and education.

Part I
The Need for Skill Standards

"Education has long been critical to success. Tomorrow it will be essential for survival. The standardization of the skills outcomes of education will make the delivery of that educational effort easier for all involved."

— Harry R. Nevling,
Past President,
American Society for
Healthcare Human
Resources Administration

Health care skill standards are statements which answer the question, "What does a worker need to *know* and be able to *do* to contribute to the safe and effective delivery of health care?" The standards will inform current and future health care workers, employers, and educators what skills and knowledge workers need to succeed — in a job and in a career. It is envisioned that these standards will help provide the foundation for better worker preparation, both in school and on the job.

The Benefits of Skill Standards

A major benefit of having nationally validated health care skill standards is the potential to forge strong links among various stakeholders. National skill standards can provide a common language, common goals, and a common reference point for employers, workers, students, labor, educators, and consumers. In addition, national skill standards can provide benefits particular to each stakeholder. For example:

- Employers can recruit, screen, and place potential employees more efficiently.
- Workers can know what to expect on the job and be better prepared, thereby increasing their mobility and opportunity for advancement.
- Labor organizations can increase employment security through portable skills and credentials.
- Students can have clear direction to help them set goals and train for future employment.
- Educators can design quality curriculum and instruction consistent with the needs of the industry.
- Consumers can benefit from high quality, efficient health care delivery from well-trained workers.

The Role of Skill Standards in Education and Workforce Preparation

In the face of a thriving global economy, expectations for workforce preparation have changed over the past decade. At least two factors are responsible. The first is that today's work place demands workers who are more flexible and highly skilled than ever before. The second is the fear that the U.S. is losing its competitive edge over nations that are successfully training their workforce for high-level skills.

Concerns over workforce preparation have been mirrored by concerns over educational achievement. During the 1980's an alarm bell sounded with the U.S. Department of Education report, *A Nation at Risk*, alerting the nation to the need for upgrading academic achievement levels and setting a broad program for doing so. The response to this and other critical documents was a new national effort represented in *America 2000: An Education Strategy*. This reform initiative led in 1991 by then Governor Bill Clinton and President George Bush set goals for students to achieve "world class" academic and career preparation skills as a means for enhancing national economic well-being. The *Carl D. Perkins Vocational and Applied Technology Education Act of 1990*, which initiated a major reform of federal efforts to reshape vocational education, places similar emphasis on the importance of academic and work place preparation for all students.

Another closely related reform initiative is represented in a 1991 report of the U.S. *Secretary of Labor's Commission on Achieving Necessary Skills* (SCANS). It expresses the same concerns that American students lack basic academic skills, knowledge about work, and the ability to function in a changing work environment. The report sets forth standards deemed necessary for success in a high performance work place, that is, the modern work place characterized by problem-oriented teamwork. It lays much of the groundwork for a national voluntary system to promote the use of skill standards.

In summary, concerns about school effectiveness and work place preparation have led to increasing calls for greater accountability in education and training. In turn, this has led to a federally legislated movement towards the development and use of skill standards. Currently, skill standards are the focus of numerous national and state initiatives. In 1992, the U.S. Departments of Education and Labor funded projects to develop national skill standards in many fields. The NHCSSP is but one of 22 standards projects covering a range of different industries.

Several recent federal initiatives have since been enacted, giving greater legitimacy to and raising the visibility of these 22 national skill standards projects. For example, the *Goals 2000: Educate America Act*, which provides grants to states to support educational reform, calls for states to develop challenging standards systems. It also establishes a National Skill Standards Board to oversee the development and use of national skill standards. The Board is charged with strengthening the links between school and the work place by generating support among employers, workers, educators, students and parents. The 22 national skill standards projects have already made substantive progress toward this aim.

The recently passed *School-to-Work Opportunities Act* is yet another federal initiative that provides support for skill standards development and use. This act funds education programs that prepare students for the work place or additional career preparation at the postsecondary level. It calls for school-to-work programs that are based on standards that conform to the national skill standards.

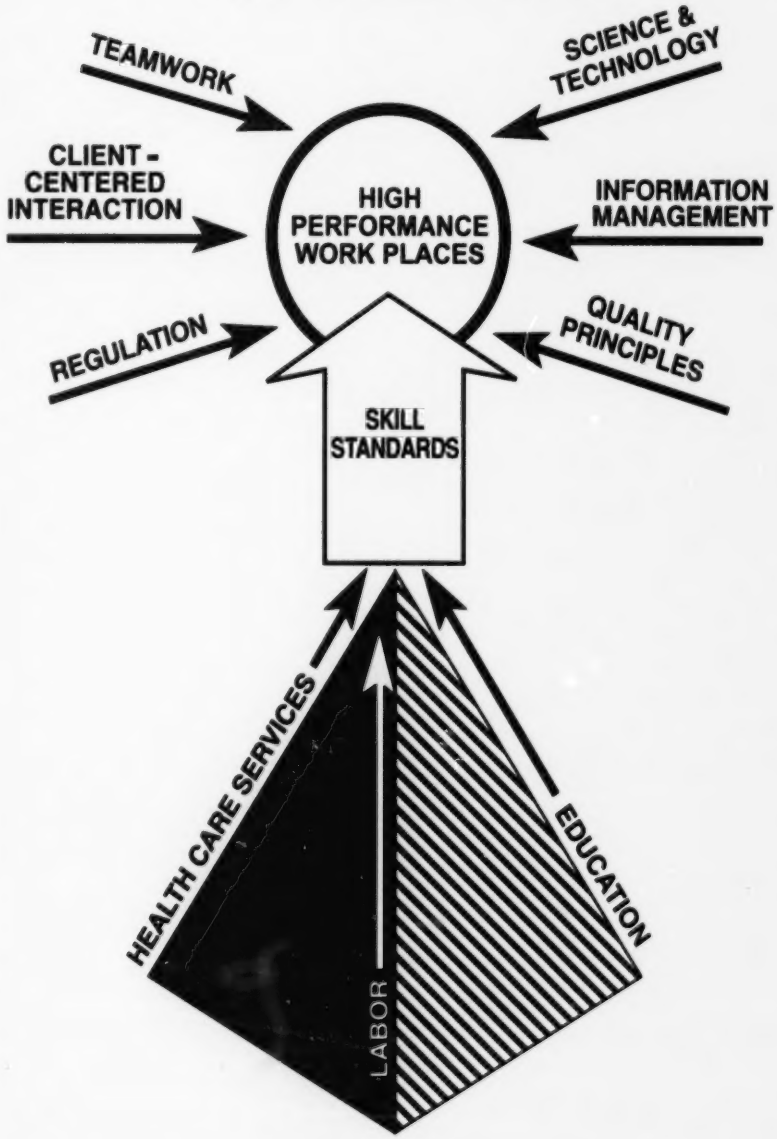
What are the two guiding principles for these new legislative initiatives? First, *collaboration* — all groups must be represented in project and program planning. In the NHCSSP, groups that had not previously worked together collaborated intensely to develop the National Health Care Skill Standards. Second, *linkages* — programs will have to create links between elementary, secondary, and postsecondary programs to meet industry requirements. Skill standards provide a common language for curricula across all levels of education and industry, enhancing the prospects for effective coordination and linkage.

In summary, well-articulated skill standards are key to the national strategy to upgrade worker skills and increase American global economic competitiveness. Figure 2 depicts how skill standards developed by industry, labor, and education provide the foundation for worker preparation in the high performance work place of the future. Within this framework, educators and industry can work together to produce work-ready, entry-level employees, thereby helping to ensure American economic competitiveness in years to come.

"Given the pace of restructuring in the health care industry, it is increasingly important that workers have a core set of skills that they can carry with them as they move from one sector of the industry to another. A set of national skill standards will give health care workers greater flexibility in finding and keeping jobs within the industry, and will ensure a highly skilled, better trained, and more accomplished workforce."

— John J. Sweeny,
International President,
Service Employees
International Union (SEIU)

Figure 2
The Role of Skill Standards in the Creation of High Performance Work Places



High performance workplaces are the key to economic competitiveness. Skill standards link employers, workers, and educators by providing a common language and common goals.

Organizing Occupational Functions in Health Services

An industry is broadly defined both by the people who work in it and by what it produces. The health services sector, most simply, produces "health." This product is the result of many workers' efforts. A health care worker is any person who provides services that impact the health status of individuals and the community. In line with this definition, standards for the health services sector should make explicit the knowledge and skills involved in producing "health."

One fundamental issue for standards development is organizing the standards to best reflect how an industry defines itself. Certainly, the standards should cover the major areas of work, but should they address only specific occupations, focus on groups of occupations, or envelop all occupations? Alternatively, should standards be organized around some other characteristic, such as site of care delivery, or type of service or function? Project participants and staff researched and discussed these questions for many months before agreeing that a broad approach was the best answer.

Three major characteristics of the health services sector influenced the final decision: (1) currently, over 250 health care occupations exist; (2) health care occupations are continually changing; and (3) professional associations and labor organizations have already established standards for a number of specific occupations. Thus, the decision was made *not* to direct standards at specific occupations; rather, national standards should address major *categories* of occupations and functions. This broad approach avoids duplication of previous efforts and makes a unique and vital contribution to the preparation of health care workers. Specifically, the NHCSSP sought to develop standards for (1) a core set of skills essential and appropriate to all workers in health services; and (2) four clusters of related occupations and functions. Furthermore, the standards for these core and cluster areas would target health care workers at the career-entry and technical (i.e., pre-baccalaureate) levels.

Health care core and occupational clusters can be seen in Figure 3. The clusters are broadly defined according to their functions:

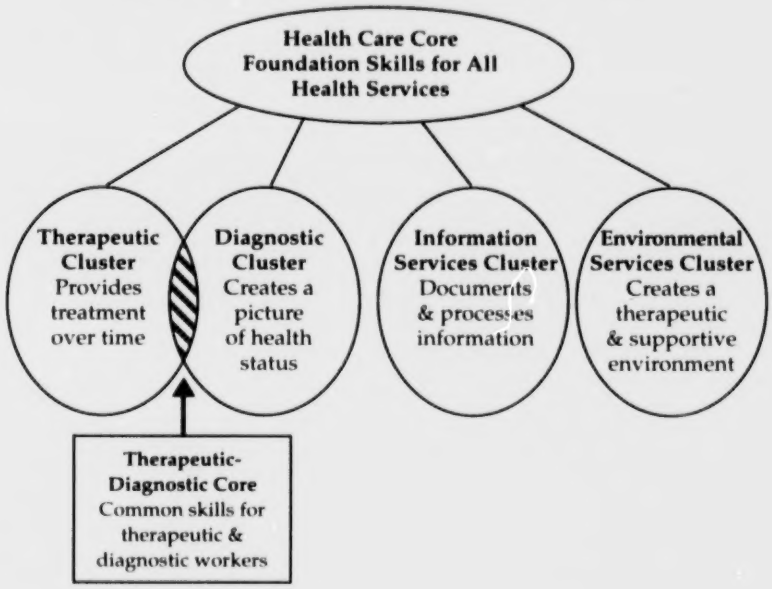
- **Therapeutic*** functions maintain or change the health status of the client *over time* — including care management, dentistry, dietetics, home health medicine, nursing, pharmacy, rehabilitation, respiratory care, and others.

- **Diagnostic*** functions create a picture of client health status *at a single point in time* — including cardiology, imaging, medical laboratory, radiography, and others.

- **Information services** functions document client care — including medical records management, unit coordination, utilization review, and others.

- **Environmental service**s functions provide a therapeutic environment for the delivery of care — including central supply, facility maintenance, food service, housekeeping, and others.

Figure 3
Health Care Core and Occupational Clusters



*There is a notable overlap between the knowledge and skills required for therapeutic and diagnostic functions. A set of standards applicable to both was developed and is referred to as the *Therapeutic/Diagnostic Core*.

The Dictionary of Occupational Titles (DOT) categorizes occupations according to how they function in relation to people, things, or data. Similarly, the health care clusters reflect the object of the workers' attention: therapeutic and diagnostic workers interact with *people* (clients), environmental service workers manipulate *things*, and information service workers manipulate *data*. The cluster standards represent common expectations of workers across occupations within each cluster.

Rather than replace existing credentialling or licensing, these newly proposed core and cluster standards serve as a foundation for later career specialization and apply to a majority of health care workers. This configuration is consistent with the *Carl D. Perkins Vocational and Technology Education Act of 1990*. The Perkins Act mandates broad vocational training, rather than job-specific training, and an integration of academic and vocational skills. The Act also requires programs to provide students with a general understanding of "all aspects of the industry."

Part II Research Methodology

"This project has created a forum for gathering stakeholders around the table to debate practices that have long been in existence. The outcome will be new collaborations and linkages built on a single set of expectations (standards) that will guide both the preparer and employer of health care services."

— Beverly Campbell, Chair
National Consortium on
Health Science and
Technology Education

Skill standards were developed in three stages: (1) background research; (2) drafting of the skill standards; and (3) review and validation of the standards. Figure 4 shows the three stages.

Staff began the standards development process by reviewing several strands of related research (e.g., allied health professions, organizational theory, consensus group methodology, and work redesign). Staff then collected and analyzed data in a sample of existing task analyses from around the nation that identify the specific tasks health professionals perform as part of their duties. Sixty occupations across ten data sets were examined. Competencies developed by health professional associations were examined as well. As a result of these analyses, broad categories of skills and tasks common to occupations within and across clusters were

Figure 4
Research Methodology for
National Health Care Skill Standards Project

identified. This information was summarized to provide a starting point for subsequent standards development activities.

At the second stage, representatives from health services, labor, and education served on standards development committees to draft standards for the health care core and for each cluster. The committees met and drafted the skill standards, using both the summaries of the task analyses and their own varied and substantial expertise.

The third stage of the process, standards review and validation, was conducted in three ways. First, a 44-member standards review committee convened to review the draft standards. The committee included representatives from professional associations in addition to other stakeholder groups. None of these participants had been involved previously in the development process, ensuring the independence of their review. Participants systematically reviewed the draft standards. Their responses were collected and analyzed both quantitatively and qualitatively for informing the later revision process.

Next, a mail survey was conducted, in which 40 targeted health care experts, educators, and practitioners across the nation were asked to evaluate the standards' appropriateness and usefulness. This survey allowed the NHCSSP to access individuals with particular expertise who were unable to attend key committee meetings.

Finally, over 25 focus group discussions of health care workers were conducted at 16 different health care delivery sites across the country to appraise and validate the draft standards. Sites were selected to include facilities that varied along a number of dimensions: large, medium and small sized facilities; proprietary and not-for-profit status; primary, acute, tertiary, and chronic care; urban, suburban and rural facilities; facilities with large and small Medicaid or managed care patient populations. The process included both workers and supervisors.

The combination of these different and independent modes of review provided credibility and a richness of information to the review and validation effort. The standards were revised based on a synthesis of the information provided by these multiple forms of review.

Part III
National Health Care Skill Standards

"The most important task facing the federal government is to help the nation focus its attention on linking the various pieces of and partners in postsecondary training in ways that will provide coherent and high-quality training opportunities for individuals at various stages in their working lives."

— Committee on Postsecondary Education and Training for the Workplace - National Research Council

This section presents the extensively reviewed draft NHCSSP standards. As described below, these standards are logically connected to generic employability standards, such as SCANS, as well as to occupation-specific standards in the health services industry.

National Health Care Skill Standards and SCANS

As described previously, the U.S. Secretary of Labor's Commission on Achieving Necessary Skills (SCANS) defines generic work place skills needed by workers in the modern work place. The SCANS standards consist of foundation skills (basic skills, thinking skills and personal qualities) and work place competencies (managing resources, interpersonal situations, accessing and storing information, understanding systems, and using technology).

The primary application of SCANS to the NHCSSP was to inform the development of standards for the health care core. In important ways, this core represents an extension of SCANS skills into the health care context. Table 1 shows the points of overlap between the SCANS skills and the eight health care core standards.

Table 1
Summary of SCANS Employability Skills and the NHCSSP Core Standards

	SCANS Foundation Skills			*[SCANS Competencies: Ability to Use...]*				
Health Care Core Standard	SCANS Basic Skills	SCANS Thinking Skills	SCANS Personal Qualities	Resources	Inter-personal	Information	Systems	Technology
Academic Foundation	X	X		X		X	X	
Communication	X	X	X		X	X		
Systems		X		X	X		X	
Employability Skills	X	X	X	X	X	X		X
Legal Responsibilities		X	X			X		
Ethics		X	X	X	X	X		
Safety Practices	X	X	X					X
Interpersonal Dynamics	X	X	X	X	X		X	

X indicates areas where NHCSSP core standard overlaps with SCANS, but is specific to the health services industry

"Excellent skills preparation increases the likelihood of excellent work performance. Tomorrow's employer will accept nothing less in the total quality management environment of the 21st century."

—Judi Hansen,
Director
Region Recruitment
Services
Kaiser-Permanente
Medical Care
Program,
Southern California
Region

Figure 5
NHCSSP Standards in Relation to SCANS and Occupational-Specific Standards

Filling a Gap

Prior to this project, skill standards were available at the generic (e.g., SCANS) and the occupational-specific levels. The NHCSSP standards fill the gap between these two levels. Specifically, they provide a means for both entry into health services employment as well as horizontal and vertical movement in a career area. In many health care occupations, mastery of knowledge and skills is indicated through certification or licensure. The NHCSSP core and cluster standards help to prepare health care workers for occupational-specific training, certification, and licensure.

Figure 5 shows the different levels of standards that apply to health care workers. They are represented as concentric circles, beginning at the center with general employability skills, moving outwards to NHCSSP standards (core and clusters), and ending with occupation-specific standards (technical and professional).

NHCSSP Core and Cluster Standards

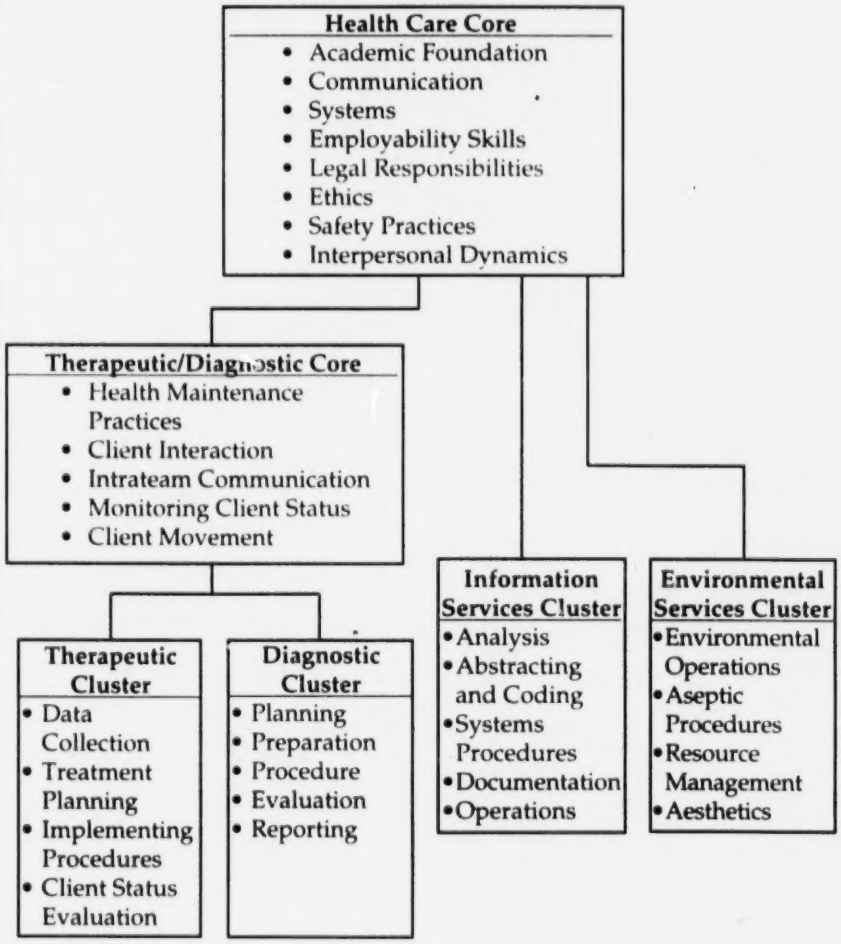
In their current form, the NHCSSP standards represent *content standards*, indicating what knowledge and skills are expected. They are not *performance standards* which indicate the level of achievement necessary to demonstrate mastery. This project will undertake the setting of performance standards that align with the content standards as a next phase of work.

The NHCSSP standards presented here are intended as a model or template for local adaptation and use. They can be used by business, education, and labor constituents to begin the process of upgrading or revising training, hiring, and performance evaluation policies, procedures, and practices.

As a broad statement of knowledge and skills that workers in health services should have, each NHCSSP standard follows a specific format. The standard statements consist of three parts: (1) a brief title describing the skill area or topic covered by the standard; (2) a general description of knowledge and skills; and (3) specific applications to clarify or illustrate what is meant by the standards statement. The specific applications provided are not meant to cover all possible applications.

Figure 6 provides a graphic model, showing the connections among the sets of NHCSSP standards. This is followed by a complete listing of the actual standards, beginning with those for the health care core.

Figure 6 NHCSSP Standards



Health Care Core Standards

The industry core is a set of broad standards that serve as a foundation to occupations and functions across the health services. These standards specify the knowledge and skills that the vast majority of health care workers should have.

Proposed Standards:

ACADEMIC FOUNDATION

Health care workers will know the academic subject matter required for proficiency within their area. They will use this knowledge as needed in their role.

The following may be included:

- Read and write, including charts, reports, and manuals
- Perform mathematical functions
- Use health care terminology
- Apply knowledge of life sciences, such as biology, chemistry, physics, and human growth and development
- Be aware of the history of health care

COMMUNICATION

Health care workers will know various communication methods to give and obtain information. They will communicate effectively, both orally and in writing.

The following may be included:

- Assess others' ability to understand
- Adapt communication to individual needs, including paraphrasing or translating
- Ask for clarification when needed
- Be sensitive to multicultural and multilingual needs
- Use facility-specific guidelines and methods of sending and receiving information
- Access and use electronically-produced information

Health Care Core Standards
(continued)

SYSTEMS

Health care workers will understand how their role fits in with their department, their setting, and the overall health care environment. They will identify how key systems relate to the services they perform and affect quality of care.

The following may be included:

- Be aware of the range of services offered
- Be aware of how reimbursement affects care delivery
- Prevent unnecessary waste and duplication
- Fully use available facility resources, such as where to find help or information

EMPLOYABILITY SKILLS

Health care workers will understand how employability skills enhance their employment opportunities and job satisfaction. They will demonstrate key employability skills and will maintain and upgrade skills, as needed.

The following may be included:

- Exhibit personal skills, such as attendance, time management, and individual responsibility
- Maintain professional conduct and appearance
- Use analytical skills to solve problems and make decisions
- Adapt to changing situations
- Upgrade technology skills as needed
- Understand various career options and the preparation required for them
- Anticipate needs of clients and coworkers

Health Care Core Standards (continued)

LEGAL RESPONSIBILITIES

Health care workers will understand their legal responsibilities, limitations, and the implications of their actions within the health care delivery setting. They will perform their duties in accordance with laws, regulations, policies, and legislated rights of clients.

The following may be included:

- Be aware of malpractice and liability issues
- Maintain client confidentiality
- Operate within scope of practice
- Comply with legal requirements for documentation

ETHICS

Health care workers will understand accepted ethical practices with respect to cultural, social, and ethnic differences, particularly within the health care environment. They will perform their duties within established ethical guidelines, supporting sensitive and quality health care delivery.

The following may be included:

- Exhibit loyalty to fellow workers and the organization
- Respect client rights and self-determination
- Promote justice and equal treatment of all persons
- Recognize the importance of client need over other considerations
- Report any activity that adversely affects the health, safety, or welfare of clients or fellow workers

Health Care Core Standards
(continued)

Safety Practices

Health care workers will be aware of the existing and potential hazards to clients, coworkers, and self. They will prevent injury or illness through safe work practices and follow health and safety policies and procedures.

The following may be included:

- Use Universal Precautions to control the spread of infection
- Apply principles of body mechanics, such as proper lifting techniques
- Prevent fire and electrical hazards
- Use instruments and equipment as directed
- Manage hazardous materials
- Follow emergency procedures and protocols
- Apply pertinent regulatory guidelines, including OSHA standards

Interpersonal Dynamics

Health care workers will understand the role and responsibilities of individual members as part of the health care team, including their ability to promote the delivery of quality health care. They will interact effectively and sensitively with all members of the health care team.

The following may be included:

- Practice team membership skills, such as cooperation, leadership, and listening
- Respect cultural and religious differences of team members
- Be aware of the implications of the health care hierarchy in interacting with others
- Manage conflict within the work place through consideration of others' points of view
- Respect inter- and intra-disciplinary issues

Therapeutic/ Diagnostic Core Standards

The therapeutic/diagnostic core standards are a set of standards that apply to both therapeutic and diagnostic occupations and functions. The standards focus, for the most part, on direct client care.

Proposed Standards:

HEALTH MAINTENANCE PRACTICES

Therapeutic and diagnostic workers will understand the fundamentals of wellness and the treatment of disease processes. They will encourage the practice of preventive health behaviors among their clients.

The following may be included:

- Be knowledgeable of available preventive health screenings and examinations
- Explain preventive health practices, such as good nutrition and stress management
- Show knowledge of illness prevention

CLIENT INTERACTION

Therapeutic and diagnostic workers will understand how to explain planned procedures and goals to clients. They will use various explanation strategies and answer clients' questions.

The following may be included:

- Determine clients' ability to understand
- Respond to clients' concerns and fears
- Use language appropriate to the situation
- Use facility guidelines for giving health care information
- Respect clients' cultural differences

Therapeutic/ Diagnostic Core Standards (continued)

INTRATEAM COMMUNICATION

Therapeutic and diagnostic workers will understand how to communicate within a team. They will convey critical client information to appropriate team members in a timely manner.

The following may be included:

- Observe and report unsafe environmental conditions
- Recognize unusual occurrences in treatment progress
- Document and report information about changes in conditions that might introduce risk to clients or staff

MONITORING CLIENT STATUS

Therapeutic and diagnostic workers will understand the process for monitoring client health status. They will assess health status according to respective professional standards and report results to the treatment team.

The following may be included:

- Measure and report client vital signs or other indicators of health status
- Record client health status according to facility protocol
- Assist in determining the need for follow-up or alternative care

Therapeutic/ Diagnostic Core Standards (continued)

CLIENT MOVEMENT

Therapeutic and diagnostic workers will understand the principles of proper body mechanics for positioning, transferring, and transporting clients. They will perform these activities efficiently and without injury to clients or self.

The following may be included:

- Position client to ensure comfort
- Recognize center of gravity and base of support in order to use proper lifting techniques
- Utilize appropriate transport or transfer equipment
- Reassure clients and inform them of what to expect during activity

Therapeutic Cluster Standards

These standards apply to occupations or functions primarily involved in changing the health status of the client over time. The standards specify the knowledge and skills that the worker in the therapeutic cluster should have.

Proposed Standards:

DATA COLLECTION

Therapeutic workers will know the facility protocol and guidelines for collecting data. They will report results and assist the treatment team in identifying client health care needs, strengths, and problems.

The following may be included:

- Observe client, instrumentation, and environment
- Follow facility policies and procedures
- Record and report information

TREATMENT PLANNING

Therapeutic workers will understand the general purpose and components of the treatment plan. They will assist in planning procedures according to facility protocol.

The following may be included:

- Help involve client in planning
- Participate in problem identification and recognize possible interventions
- Recognize and match resources to needs

Therapeutic Cluster Standards
(continued)

Implementing Procedures

Therapeutic workers will understand the procedures within their scope of practice and how these procedures relate to the goals and objectives of the treatment plan. They will execute the procedures accurately and in a timely fashion, supporting the treatment team.

The following may be included:

- Organize own work and assignments
- Document actions
- Use correct equipment and instruments according to manufacturer guidelines

Client Status Evaluation

Therapeutic workers will know the clients' needs, strengths, and problems. They will assist in the evaluation of client status in order to reach treatment goals.

The following may be included:

- Provide feedback to treatment team
- Use appropriate evaluation tools and instruments
- Make suggestions to modify or change treatment plan

Diagnostic Cluster Standards

These standards apply to occupations or functions primarily involved in creating a picture of the health status of the client at a single point in time. The standards specify the knowledge and skills that the worker in the diagnostic cluster should have.

Proposed Standards:

PLANNING

Diagnostic workers will understand the components and implications of requests for procedures. They will read the request for services and plan when and how to implement the services.

The following may be included:

- Identify purpose and intent of request
- Report any inconsistency or error in the request to appropriate personnel
- Involve appropriate persons in planning
- Match resources to needs

PREPARATION

Diagnostic workers will know the steps of procedural set-ups. They will prepare the supplies, equipment, and client for procedures, according to facility protocol.

The following may be included:

- Identify and gather equipment necessary for procedure
- Routinely maintain and calibrate equipment
- Explain procedures and give related information to client

Diagnostic Cluster Standards
(continued)

PROCEDURE

Diagnostic workers will know the logic and sequence of the procedure, including alternative methods. They will perform procedures to create precise and accurate products.

The following may be included:

- Use appropriate supplies and equipment
- Monitor quality of sample or specimen
- Interpret results of procedure to assure a quality product
- Produce proper documentation

EVALUATION

Diagnostic workers will understand the principles of quality assurance. They will continuously evaluate the procedure and its product.

The following may be included:

- Analyze product for diagnostic quality and take appropriate action
- Recognize abnormal results and take action consistent with level of training
- Customize, adjust, or modify procedures, as needed and within established guidelines

REPORTING

Diagnostic workers will understand the need for precise, accurate, and timely reporting. They will produce and report results using appropriate communication channels.

The following may be included:

- Use written, oral, and keyboarding skills to produce reports
- Deliver reports to all appropriate parties
- Confirm that all necessary information is received by the parties involved

Information Services Cluster Standards

These standards apply to occupations or functions that document client care. The standards specify the knowledge and skills that workers in the information services cluster should have.

Proposed Standards:

ANALYSIS

Information service workers will know the quantitative and qualitative requirements for client information. They will analyze that information for various purposes.

The following may be included:

- Verify client information
- Use computer programs to process information
- Prepare various reports
- Know requirements of external agencies, such as insurance companies, courts, and regulatory bodies

ABSTRACTING AND CODING

Information service workers will know how to read and interpret a medical record, using knowledge of anatomy, physiology, disease processes, and medical terminology. They will extract required information from the medical record.

The following may be included:

- Locate information in the record for various purposes, such as filing, coding, or information processing
- Recognize standardized coding systems and uniform data definitions
- Convert narrative information into a statistical database
- Use automated systems
- Maintain specialty registries

Information Services Cluster Standards (continued)

SYSTEMS PROCEDURES

Information service workers will understand the sources, routes, and flow of information within the health care environment. They will contribute to the design and implementation of new or revised systems or processes within their scope of work.

The following may be included:

- Verify that system information is accurate and complete
- Analyze systems functions to improve efficiency
- Educate and orient staff to use of systems
- Ensure data security and confidentiality by controlling access and release of information

DOCUMENTATION

Information service workers will understand the content and multiple uses of health information. They will document appropriate information.

The following may be included:

- Obtain and record client information using appropriate terminology
- Utilize available technology to document information
- Follow legal aspects and regulations of documentation in requests for information
- Create, route, and mail correspondence regarding the medical record
- Transcribe health information
- Perform admission, discharge, and transfer functions
- Categorize and prioritize health information requests

Information Services Cluster Standards
(continued)

OPERATIONS

Information service workers will understand the operations used to enter, retrieve, and maintain information. They will use health information equipment and materials safely and efficiently in daily operations.

The following may be included:

- Select and use automated systems
- Maintain equipment and supplies
- Perform general troubleshooting
- Use and maintain filing, storage, and retrieval systems

Environmental Services Cluster Standards

These standards apply to occupations or functions involving direct or indirect client care that create a therapeutic environment for providing that care. The standards specify the knowledge and skills that workers in the environmental services cluster should have.

Proposed Standards:

ENVIRONMENTAL OPERATIONS

Environmental service workers will understand the responsibilities of their assigned role. They will perform their tasks safely, following established internal and external guidelines.

The following may be included:

- Assist in the selection of materials, supplies, and equipment necessary to provide services
- Use equipment safely
- Monitor, observe, and report unsafe practices
- Continuously evaluate results and procedures

ASEPTIC PROCEDURES

Environmental service workers will know the work practices that maintain a clean and healthy environment. They will follow recommended practices to reduce or eliminate pathogenic organisms.

The following may be included:

- Practice Universal Precautions
- Practice prescribed techniques to prevent nosocomial infections
- Prevent infection by cleaning, disinfecting, or sterilizing surfaces, instruments, and equipment
- Maintain sanitary food service environment and practice proper food handling procedures
- Conform to OSHA standards/guidelines

Environmental Services Cluster Standards (continued)

RESOURCE MANAGEMENT

Environmental service workers will understand the principles and techniques of resource management. They will ensure the careful use of available resources to make timely decisions which meet or exceed client expectations.

The following may be included:

- Contain costs and reduce waste
- Provide quality service
- Practice time management
- Identify and solve potential problems and anticipate client needs
- Know and use inventory appropriately
- Practice recycling and waste management

AESTHETICS

Environmental service workers will understand the importance and rationale for maintaining an environment that is aesthetically appealing. They will uphold facility standards for service, maintenance, and upkeep.

The following may be included:

- Maintain facility in good repair
- Recognize therapeutic and functional aspects of color, decor, and furnishings
- Maintain an organized work environment, free from clutter
- Promote facility accessibility through a variety of methods, such as proper signage and offering directions
- Ensure high quality of food for staff and clients, including presentation, taste, and service

Part IV Next Steps for the NHCSSP

The NHCSSP has completed the first of two phases of work. This booklet represents the product of the first phase — the draft standards themselves. The focus now shifts to determining the usability of the draft standards as guidelines or as starting points for local and regional use, both by health care providers and by educators. During Phase II, the following work will be undertaken:

- continued validation and revision of the draft skill standards in order to further integrate the viewpoints of all major stakeholders.

- the development of performance standards and model assessment tasks aligned to the draft content standards. A similar methodology to that applied in the initial standards development process will be used: research to provide a conceptual foundation, committee standards and assessment development work, and a review strategy that incorporates multiple modes of evaluation.

- the development of formal links or crosswalks between the health care skill standards and academic curricula and teaching practice. The Carl D. Perkins Vocational and Applied Technology Act of 1990 requires schools to integrate vocational and academic education, and provide students with an understanding of all aspects of the industry they plan to enter. Schools will be able to use the formal links in their effort to fulfill these requirements.

- case studies or pilot tests of how the national health care skill standards can be implemented at selected sites across the country. How the standards operate both in guiding educational practices and in affecting the actual delivery of health services will be observed.

- the development of a multimedia dissemination product and marketing strategy for distributing the skill standards in multiple formats, such as hard copy, diskette, and electronic transmission through the Internet.

- the preparation of a cadre of organizations knowledgeable in the use of the NHCSSP information database. These groups will be able to maintain and update the database as needed.

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